

Name
in
Full

Anna Virginia at Frison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Richardson

County
Cecil

Date
of death 1909 Aug 10

Age 5

Months 8
Days 13

Sex Female

Color or
Race White

Birth-
place Richardson

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John M. Atkinson

Father's
Birthplace

Mother's
Maiden Name

Catherine E. Watts

Mother's
Birthplace

Name of person giving
Information

John M. Atkinson

How related
to deceased

Primary

acute Indigestion

CAUSES OF DEATH

104

X

Immediate

How long

One hour

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

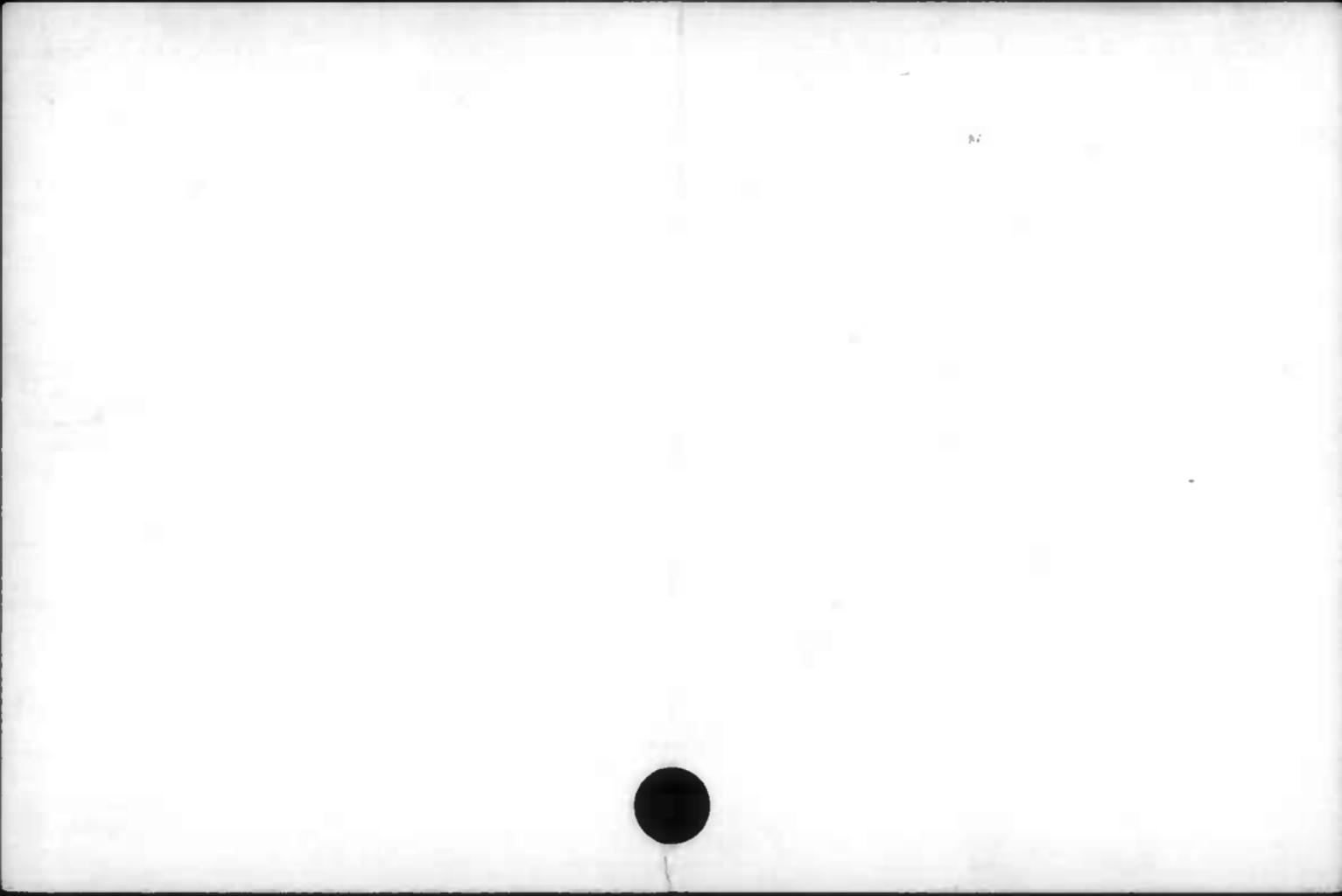
Address

Job Slicker

Rising Sun
D.R.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Geo. Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Near Earleville Cecil

Town County
Date of death 1909 Month Day

Age 3 Years

Months

Days

1909

8

8

Sex Male

Color or
Race

Black

Birth-
place

3

Cecil Co., Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Raymond Biddle

Father's
Birthplace

Cecil Co., Md.

Mother's
Maiden Name

Dallis Longer

Mother's
Birthplace

Name of person giving
Information

Raymond Biddle

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

61

X

Immediate

Are the name, age, sex, color, date
and place correctly given above?

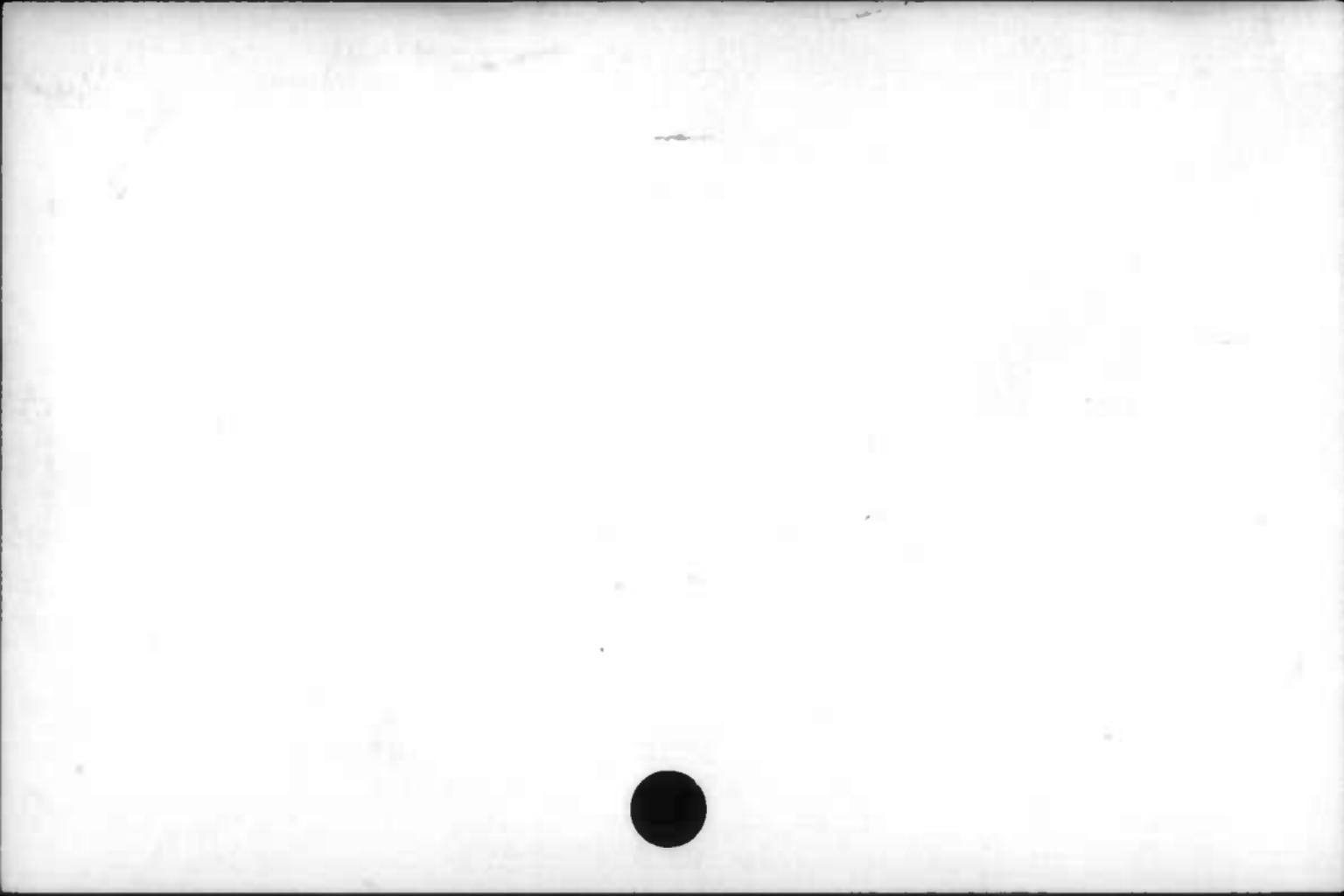
Signature of
Physician

Address

P.M. Black
Cecil Co., Md

yes

Accident or Suicide



Name
in
Full

Charles Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cherry Hill Town County Cecil

Date of death 1909 Month Day

Age 80 Years

Month Day

Sex male Color or Race white

Birth-place Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Spencer Biddle Father's Birthplace Md

Mother's Maiden Name Susan Burgh Mother's Birthplace Md

Name of person giving Information geo n Bennett How related to deceased Cousin

CAUSES OF DEATH

Primary

Old age

154

How long

Immediate

Exhaustion 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

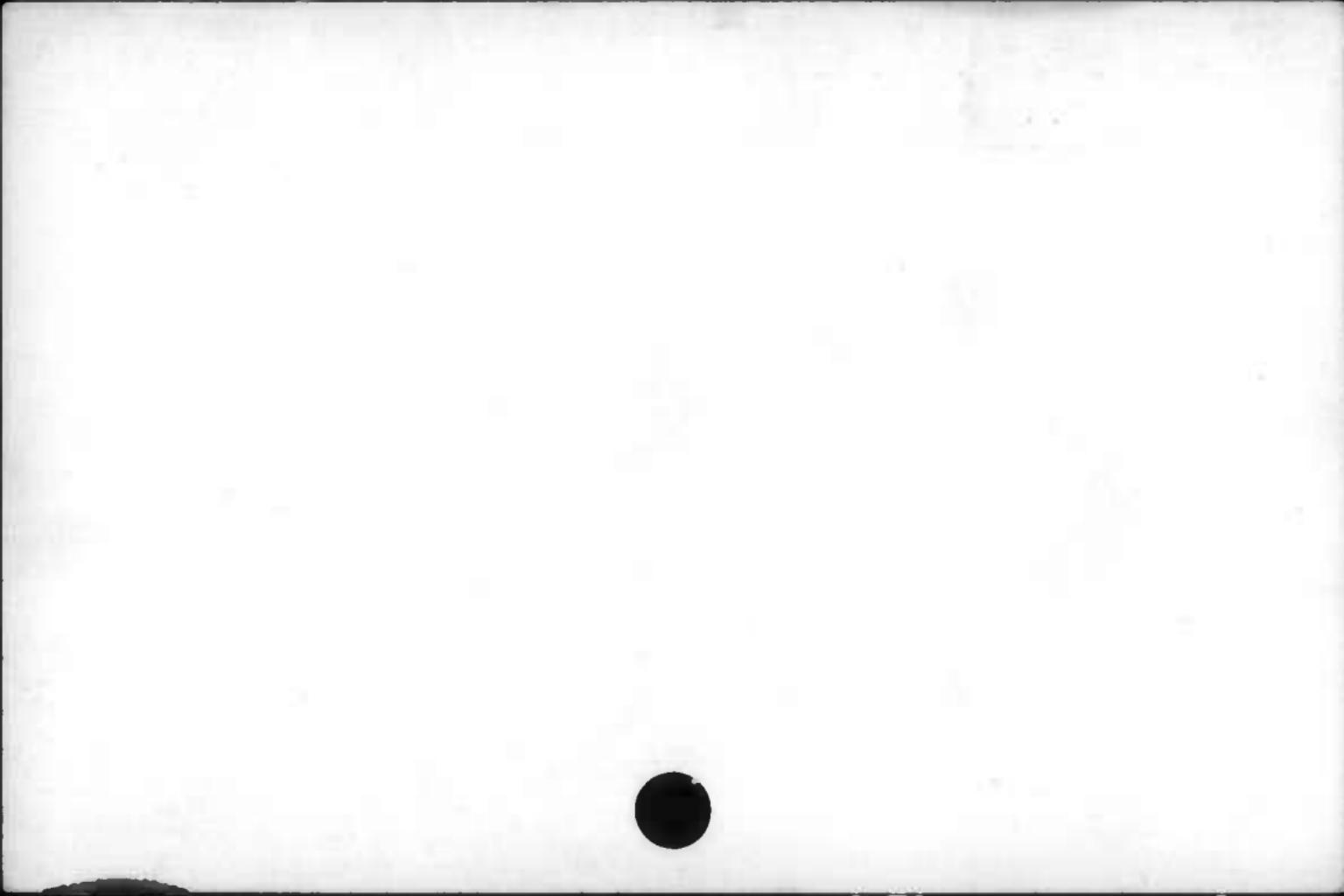
Address

Winfield A. Morrison
Elkton, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

OFFICE USE



Name
in
Full

Frank L. Boulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>North East</u>		County <u>Cecil</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>August</u>	Day <u>4</u>	Years <u>—</u>	Months <u>1</u>
Sex <u>Male</u>	Color or Rscs <u>White</u>	Age <u>—</u>	Days <u>—</u>	Birthplace <u>North East</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank L. Boulden</u>	Father's Birthplace <u>Cecil Co</u>			
Mother's Maiden Name <u>Anna Tasker</u>	Mother's Birthplace <u>Ohio</u>			
Name of person giving Information <u>Josaphine Tasker</u>	How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Concussion

71

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Deeney
7. R. R. Co.

Accident or Suicide

135

Name
in
Full

Sarah J Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 8	Day 12	Years 22	Month 11	Days -	
Sax	Female	Color or Race	Colored	Birth-place	Chesapeake City		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Albert Brown		..		
Father's Name	Charles Carter		..		Warren		
Mother's Maiden Name	Alice Branch		..		Bushwick		
Name of person giving Information	Alice Carter		..		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

Eight months

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

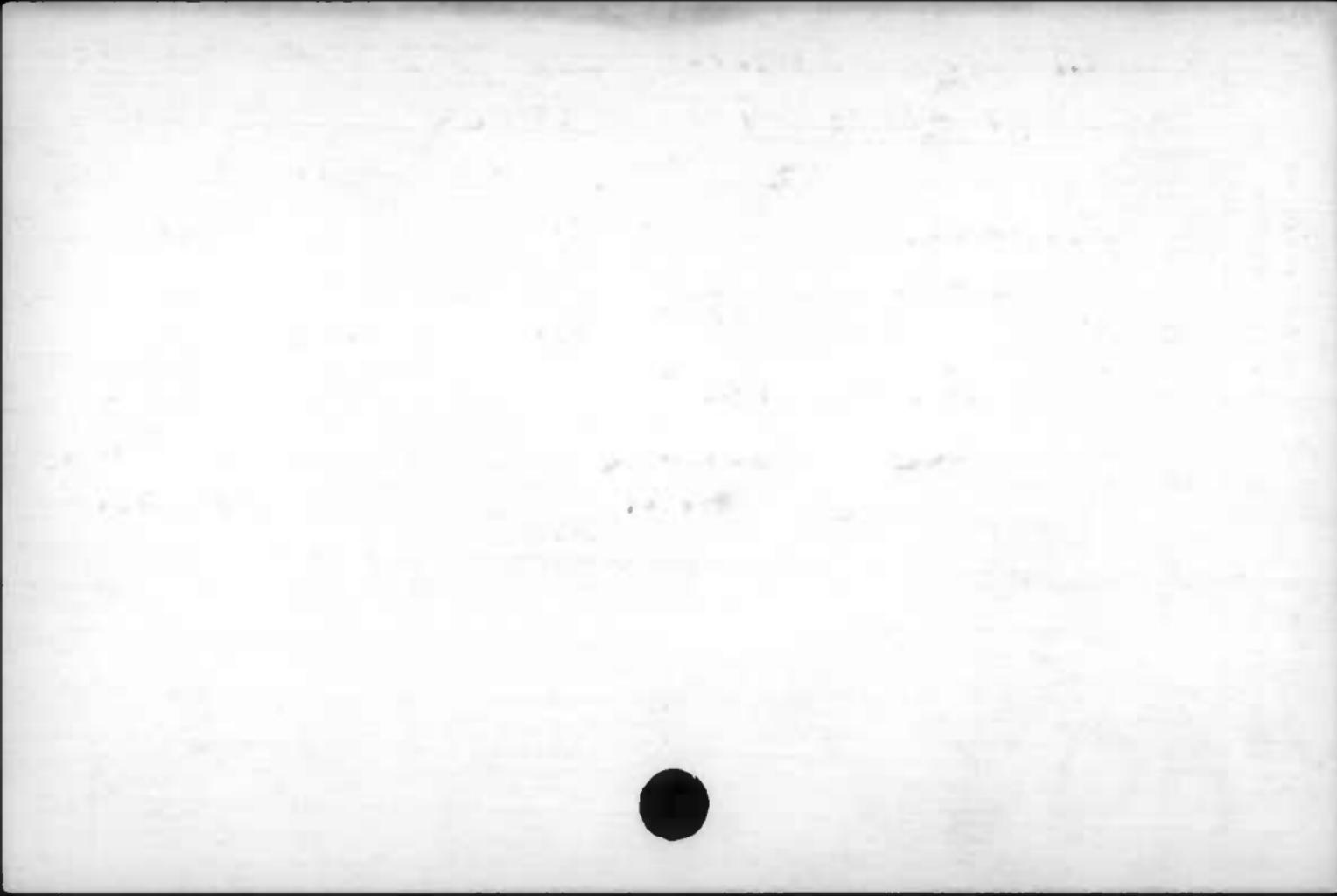
yes

Signature of
Physician

Address

Dickson County
Chesapeake City
Md

Accident or Suicide



Name
in
Full

Gilbert Earle Beck

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Wrightsville

County

MARYLAND

Date
of death

1909

Month

Aug

Day

4

Years

XX viii

Months

8

Days

0

Sex
Occupation

Male

Miner

Color or
Race

Colored

Birth-
place

Wrightsville

Wrightsville

Married, Single
or Widowed

Name of wife or
Husband

Father's
Name

Frank Beck

Father's
Birthplace

Md

Mother's
Maiden Name

George Anna Rhodes

Mother's
Birthplace

Md

Name of person giving
Information

Frank Beck

How related
to deceased

Father

CAUSES OF DEATH

Primary

Deutschore

105

How long

X

2 months

Immediate

Cholera infantum

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

yes

J J Wright
Hagerstown Md

PHYSIAN
OR CORONER

Accident or Suicide

3rd

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Charsha
Town
Died at Bear Post-Depot - County
Month Day Year

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month Aug Day 6 Age 52 Months — Days —

Sex Female
Occupation Housewife

Color or Race

White

Birth-place

Cecil Co

Married, Single
or Widowed

Widowed Name of Wife or Husband

Where residing if not
at place of death

William Charsha

Father's Name

John Reyburn

Father's Birthplace

Unknown

Mother's Maiden Name

Eveline Cogrove

Mother's Birthplace

Name of person giving
Information

Lila Brown

How related
to deceased

Daughter

Primary

CAUSES OF DEATH

Pulmonary T.B.
Heart Failure.

27

20 yrs.
22 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W.G. Jr. M.D.
Liberty-Grove
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph V Diamond

Town

County

CERTIFICATE OF DEATH

Died at

Charlestown Cecil

MARYLAND

Days

Date
of death

Month

Day

Years

Months

1909 August 8th

Age 82

5

Days

Sex

Color or
Race

Years

Birth-
place

Days

Occupation

Iron Worker

Where Residing If not
at place of death

Charlestown

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Diamond

Father's
Birthplace

Not Known

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
Information

John A Graham

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Stomach & Liver Trouble

106

How long

+

3 years

Immediate

Diarrhea

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

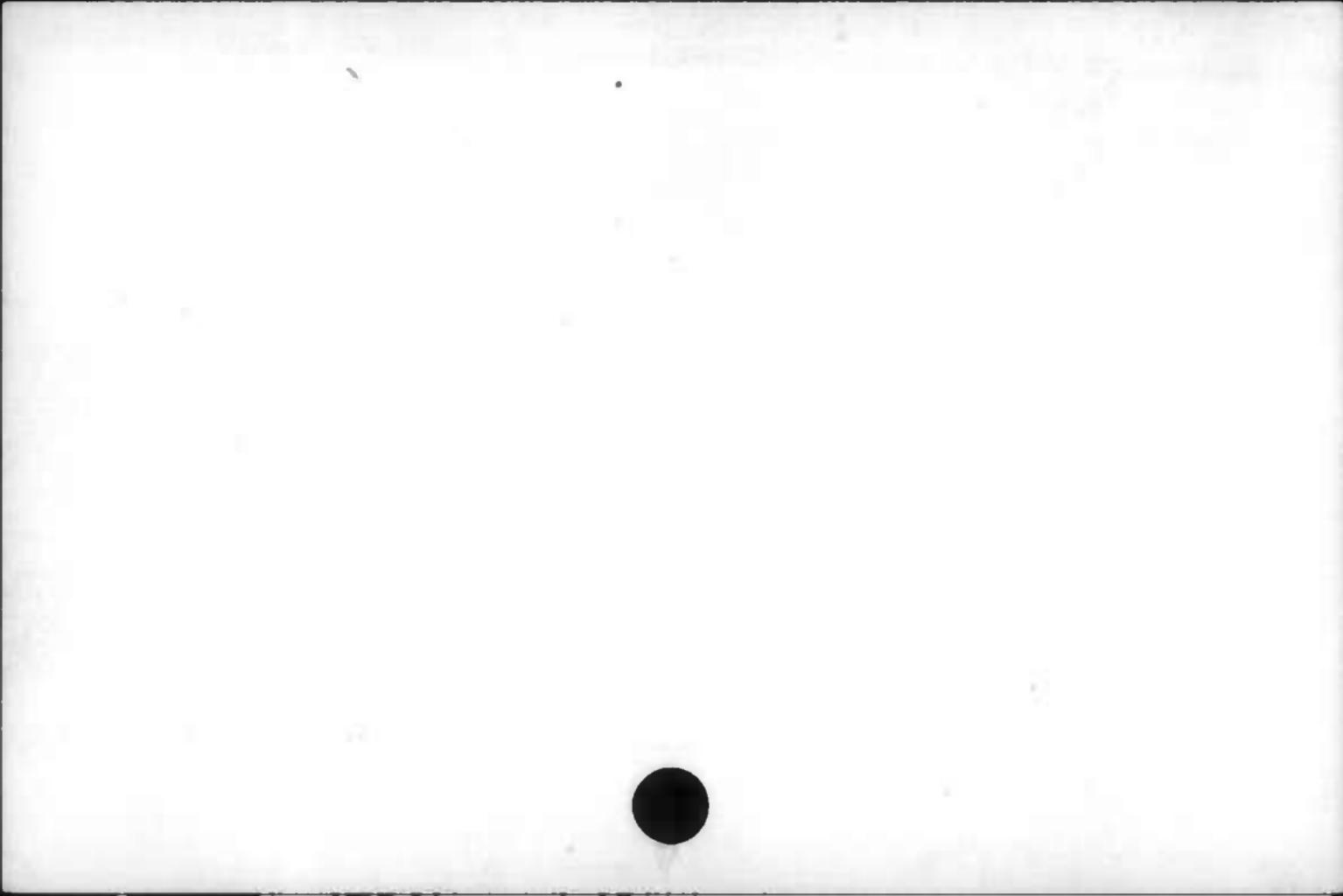
yes

Signature of
Physician

Address

L & Hannick
North East
Md

Accident or Suicide



Name
in
Full

Edward S. Drummond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Aurora		Cecil				
Date of death	1909	Month 8	Day 28	Age 27	Years	Months
Sex	Male	Color or Race	White	Birth- place	Daya	
Occupation	Farmer			Where Residing If not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband	Father's Name	Father's Birthplace	
Father's Name	John H. Drummond		John H. Drummond	Aurora		
Mother's Maiden Name	Martha B. Gordon		Mother's Name	Pennsylvania		
Name of person giving Information	John H. Drummond		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epileptic Spas

69

X

Immediate

Convulsion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

James Frazer Coroner
Extown Md

Accident or Suicide

242

Name
in
Full

Elizabeth S. Elmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town North East County Cecil
Died at North East Month Aug Day 13 Year 1909
Date of death 1909 Aug 13 Age —
Sex Female Color or Race White
Occupation — Where Residing if not at place of death
North East

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John B. Elmer

Mother's Maiden Name Mary Davidson

Name of person giving Information John B. Elmer

MARYLAND

Months 11 Days 1

Birth-place North East

North East

Father's Birthplace Pensylvania

Mother's Birthplace John
How related to deceased Father

61 X
How long

How long few days
3 Gloucester
7. 8. 09 ms

PHYSICIAN
OR CORONER

Primary

Endoescing

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Alison

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rebaca R Ferguson

Town

County

Died at

North East Cecil

MARYLAND

Month

Day

Years

Months

Days

Date
of death

1909

August 34

Age

15

Sex

Female

Color or
Race

White

Birth-
place

North East

Occupation

Where Residing if not
at place of death

North East

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry Ferguson

Father's
Birthplace

Montgomery

Mother's
Maiden Name

Rachel Ann McHenry

Mother's
Birthplace

Elk Neck

Name of person giving
Information

Rachel Ann McHenry

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Morasmus

151

How long

X

Immediate

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

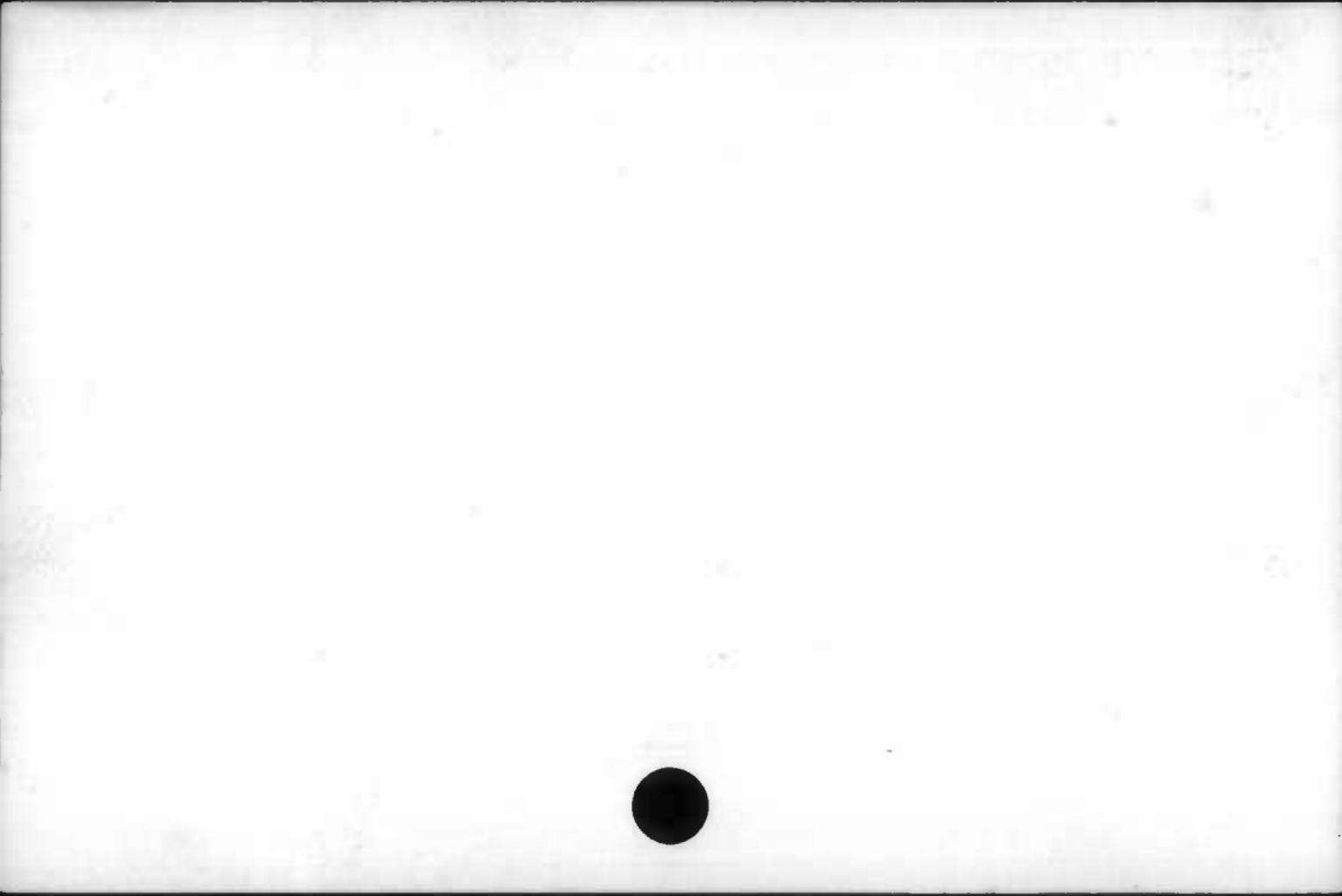
Signature of
Physician

Address

L T Hammock
North East
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Thomas Alexander Glover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date
of death

Month

Day

Years

Montha

Days

Sherryly

leveil

MARYLAND

1909 Aug 28

Age 67

10

Sex

Color or
Race

white

Birth-
place

Maryland

Occupation

Retired

Whare Residing if not
at place of deeth

Married, Single
or Widowered

Name of Wife
Husband

Margret. J. Glover

Father's
Name

Samuel Glover

Father's
Birthplace

unknown

Mother's
Maiden Name

Nancy Sadley

Mother's
Birthplace

unknown

Name of person giving
Information

Thomas. A. Glover

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis
Coma

66

X

3 days.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. P. Larivie M.D.,
Sherryly, Md.

PHYSICIAN
OR CORONER

Accident or Suicida

Yes

8/16

Name
in
Full

Baby Haar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town
Died at Chesapeake & Ciry
Month 13 Day 18 Years 1909 Age Still bone
Date of death 1909 Sex Female Color or Raca white
Occupation Lawyer Where Residing if not at place of death
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Harry Haar Father's Birthplace Delawair
Mother's Maiden Name Mary Elizabeth Humphrie Mother's Birthplace Chesapeak City
Name of person giving Information & County How related to deceased no

CAUSES OF DEATH

Primary Asphyxian Nekrotism
Immediate asphyxie

Are the name, age, sex, color, date and place correctly given above?

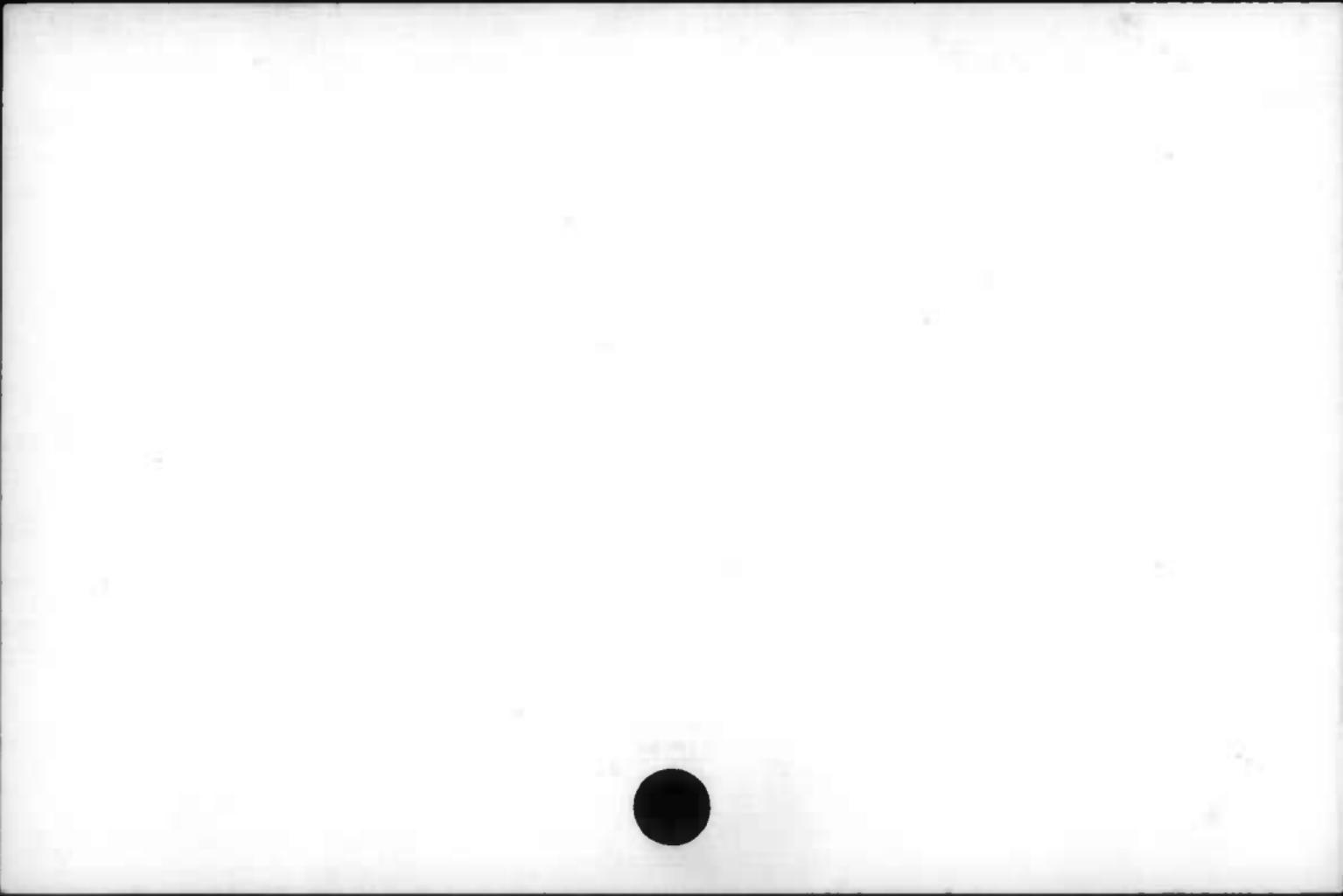
Signature of Physician

Address

J. Gaetan Cawley
Chesapeake, Ciry
2nd

Accident or Suicide

MARYLAND



Name
in
Full

Mary Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Residing Sun		County		
Date of death	Month	Day	Cecil	Months	Days
1909	Aug	26	Age 64		
Sex	Color or Race		white	Birth-place	Cecil 60
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	John G. Harrison	
Father's Name	Reese Maher			Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth A. Garrett			Mother's Birthplace	Maryland
Name of person giving Information	Margaret Harrison			How related to deceased	Daughter

CAUSES OF DEATH

Primary

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

179

How long

How long

demised
John G. Harrison
Residing Sun
ma

PHYSICIAN
OR CORONER

Name
in
Full

John Arnold Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Near Cherry Hill Cecil
Date of death Month Day Years Months Days
1909 8 27 6 Weeks

Sex Male

Color or
Race

Colonel

Birth-
place

Ex Nausea

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Hooper Johnson

Father's
Birthplace

Cecil Co

Mother's
Maiden Name

Margie Dixon

Mother's
Birthplace

Cecil Co

Name of person giving
Information

Margie Dixon

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

151

How long

Y

6 weeks

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Frank Frayer Coroner
Essex Md

PHYSICIAN
OR CORONER

Accident or Suicide

Received Sept-1, 1909.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Calista May Kinslow

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Near Zion		Baltimore				
Date of death	1909	Month	Day	Years	Month	Day
		Aug	8	10	2	28
Sex	Female	Color or Race	Colored			

Occupation

Where Residing if not
at place of death

No

Birth-place

Near Zion Ind.

Married, Single
or Widowed

Name of Wife or
Husband

Single

No

Father's
Name

Henry Kinslow

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Margaret Hammond

Mother's
Birthplace

Lanc. Co. Pa

Name of person giving
Information

Margaret Kinslow

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Emphysema

105

How long

Weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

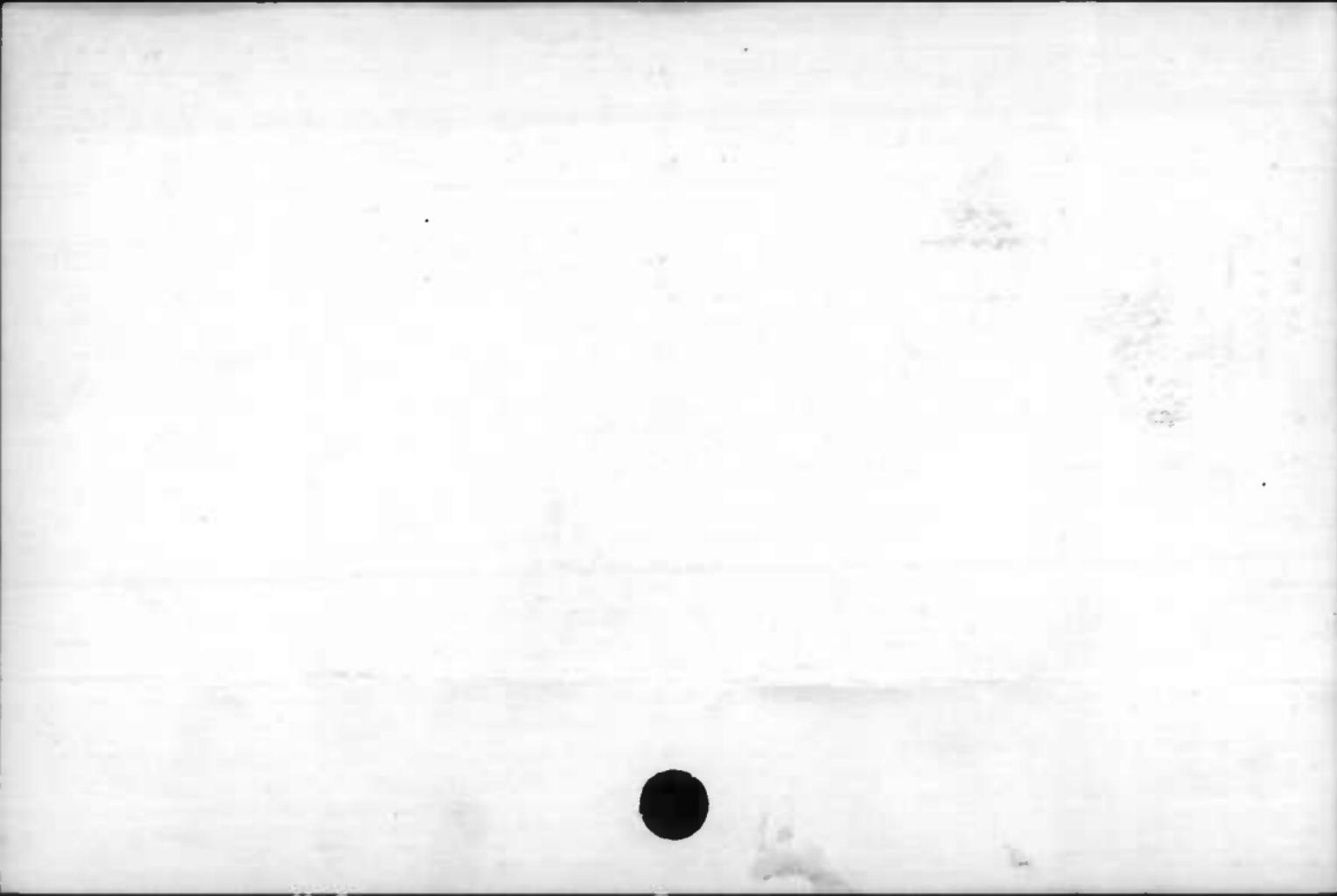
Signature of
Physician

Address

Yes

Dr. Wm. J. Gruelma

Accident or Suicide



Name
in
Full

Clara A Kitchen

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Colera		Col				
Date of death	Month	Day	Age	Years	Months	Days
1909	Aug	9th	39			
Sax	female	Color or Race	white	Birth-place	Chester Co. Pa	
Occupation	Housewife	Where Reading if not at place of death			at home	
Married, Single or Widowed	widow	Name of Wife or Husband	John B Kitchen dec'd	Father's Birthplace	Pennsly	
Father's Name	James B Jane			Mother's Birthplace	a	
Mother's Maiden Name	Maggie McAllister			How related to deceased	Mother	
Name of person giving Information	Mrs Maggie Chapman					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

2 yrs

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

M

Name
in
Full

Ethel viola kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at North East Town Cecil County

Date of death 1909 Month August Day 5 Age 1 Years 11 Months 1 Days

Sex Female Color or Race White

Birth-place

North East

Occupation Where Residing if not at place of death North East

North East

Married, Single or Widowed Name of Wife or Husband

Father's Birthplace

North East

Father's Name Jacob Kline

Mother's Birthplace

Maryland

Mother's Maiden Name Laura V Holden

How related to deceased

Mother

Name of person giving Information Laura V Kline

61

How long

How long

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Confusion

Immediate

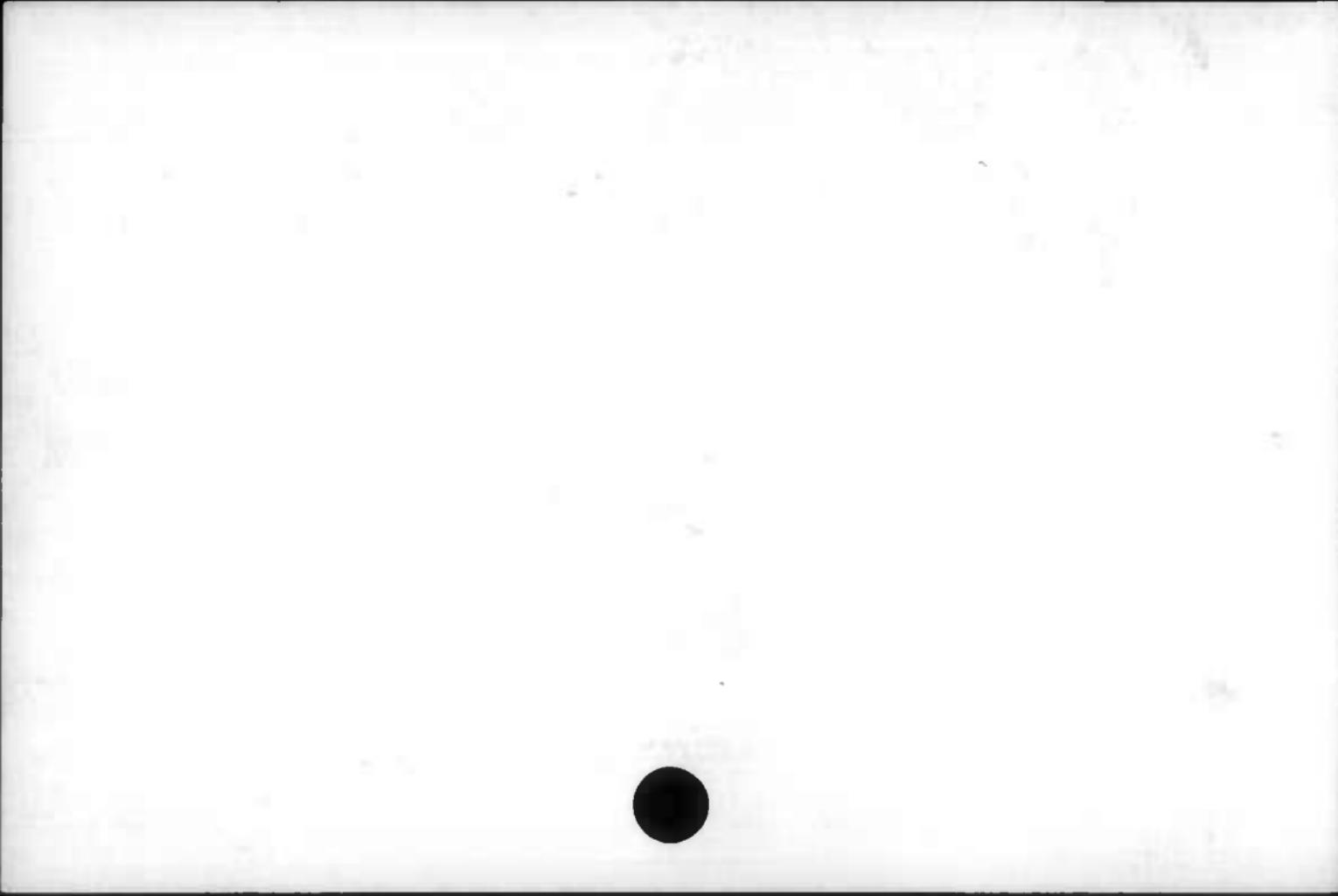
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Kline
312 Main St
North East
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Laura V Kline
Died at *North East* Town *cecil* County

CERTIFICATE OF DEATH

MARYLAND

Date of death *1909 August 22* Month *Day* *22* Age *35* Years
Sex *Female* Color or Race *White*

Occupation *Housekeeper*

Where Residing if not
at place of death

Months *—* Days *—*
Birth-place *Elk Neck*

Married, Single or Widowed *Married* Name of Wife or Husband *Jacobe Kline*

Father's Name *John Holdon*

Father's Birthplace *Elk Neck*

Mother's Maiden Name *Ella Holdon*

Mother's Birthplace *Maryland*

Name of person giving Information *Jacobe Kline*

How related to deceased *Husband*

CAUSES OF DEATH

Primary *Tuberculosis*

27

Immediate

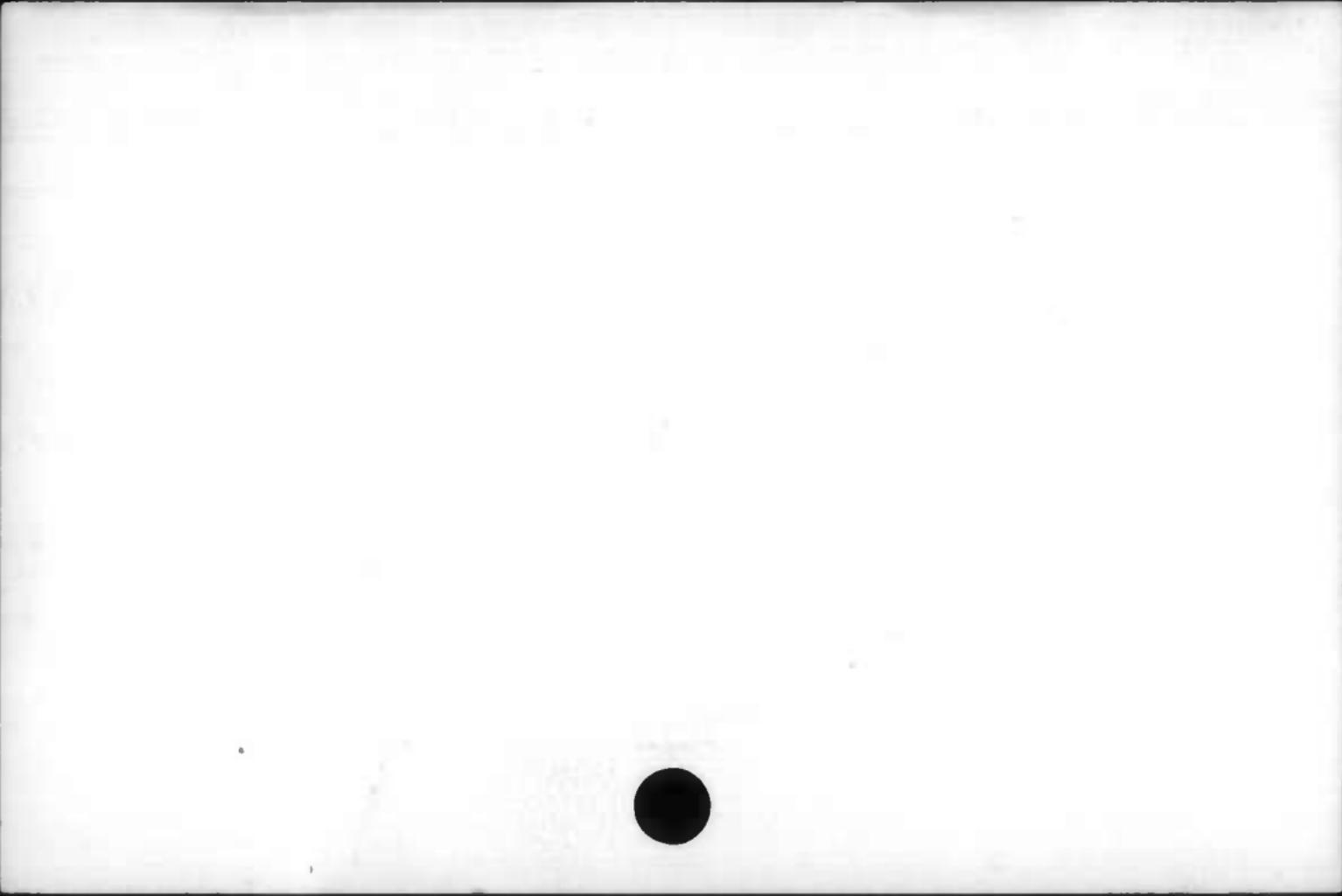
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. A. Kline
n. Ross

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Eckert	Town	Malton	County		
Date of death	1909	Month	Cecil	Years	Month	Days
Sex	male	Day	7	Age	mo	
Occupation		Color or Race	white	Birth-place	Eckert	
Married, Single or Widowed		Where Residing if not at place of death				
Father's Name	William Mahan					Philadelphia
Mother's Maiden Name	Raphael Venagora					Brooklyn
Name of person giving information	Wm Mahan					Fracture

CAUSES OF DEATH

Primary

Still Born

(S)

X

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm D. Cawley
Eckert
Ind.

Accident or Suicide

Name
in
Full

Hattie B. Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

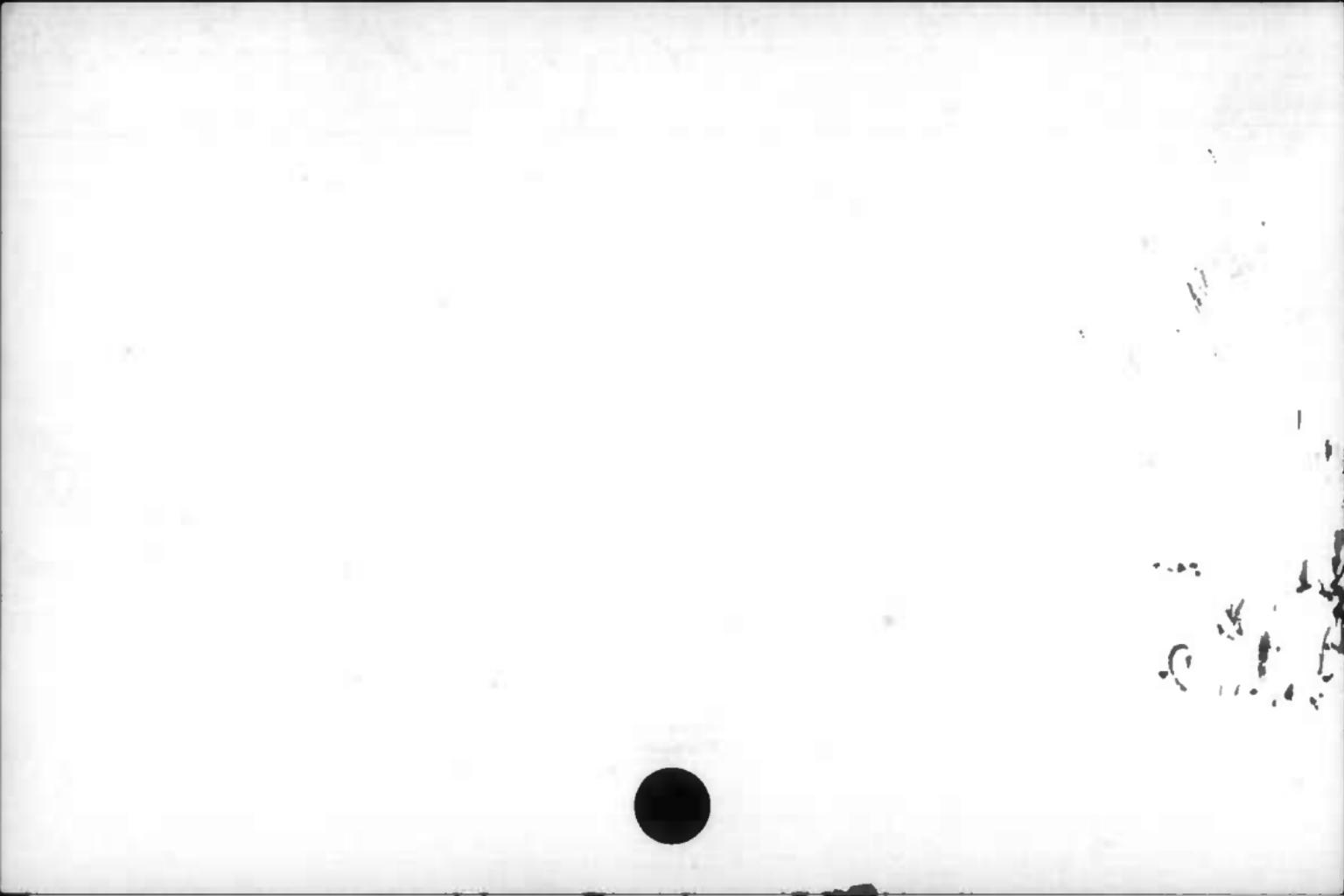
PHYSICIAN
OR CORONER

Died at **Elkton** Town **Cecil** County **MARYLAND**
Date of death **1909** Month **8** Day **14** Age **23** Years **-** Months **-** Days **-**
Sex **Female** Color or Race **white** Birth-place **Md**
Occupation **House** Where Residing if not at place of death
Married, Single or Widowed **Single** Name of Wife or Husband
Father's Name **Thomas B. Reed** Father's Birthplace **Md**
Mother's Maiden Name **Elizabeth Harris** Mother's Birthplace **Md**
Name of person giving Information **Emma Reed** How related to deceased **Sister**

CAUSES OF DEATH

Primary **Pulmonary Tuberculosis & Emphysema** Several months
How long **27** X
Immediate **Exhaustion** How long
Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **H. Arthur Mitchell Jr.**
Address **Elkton Md.**

Accident **✓** Suicide **✓**



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Clarence Rhodes
Town Euston County Cecil
Died at Month Day
Date of death 1909 8 8 Age Years Months Days
Sex Male Color or Race Colored Birth-place Maryland
Occupation Laborer Where Residing if not at place of death Warwick
Married, Single Name of Wife or Husband
or Widowed Single George Rhodes Father's Birthplace Delaware
Father's Name George Rhodes Mother's Birthplace Maryland
Mother's Maiden Name Unknown How related to deceased
Name of person giving Information

CAUSES OF DEATH

Primary

Internal Hemorrhage
Bullet from Pistol

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

176

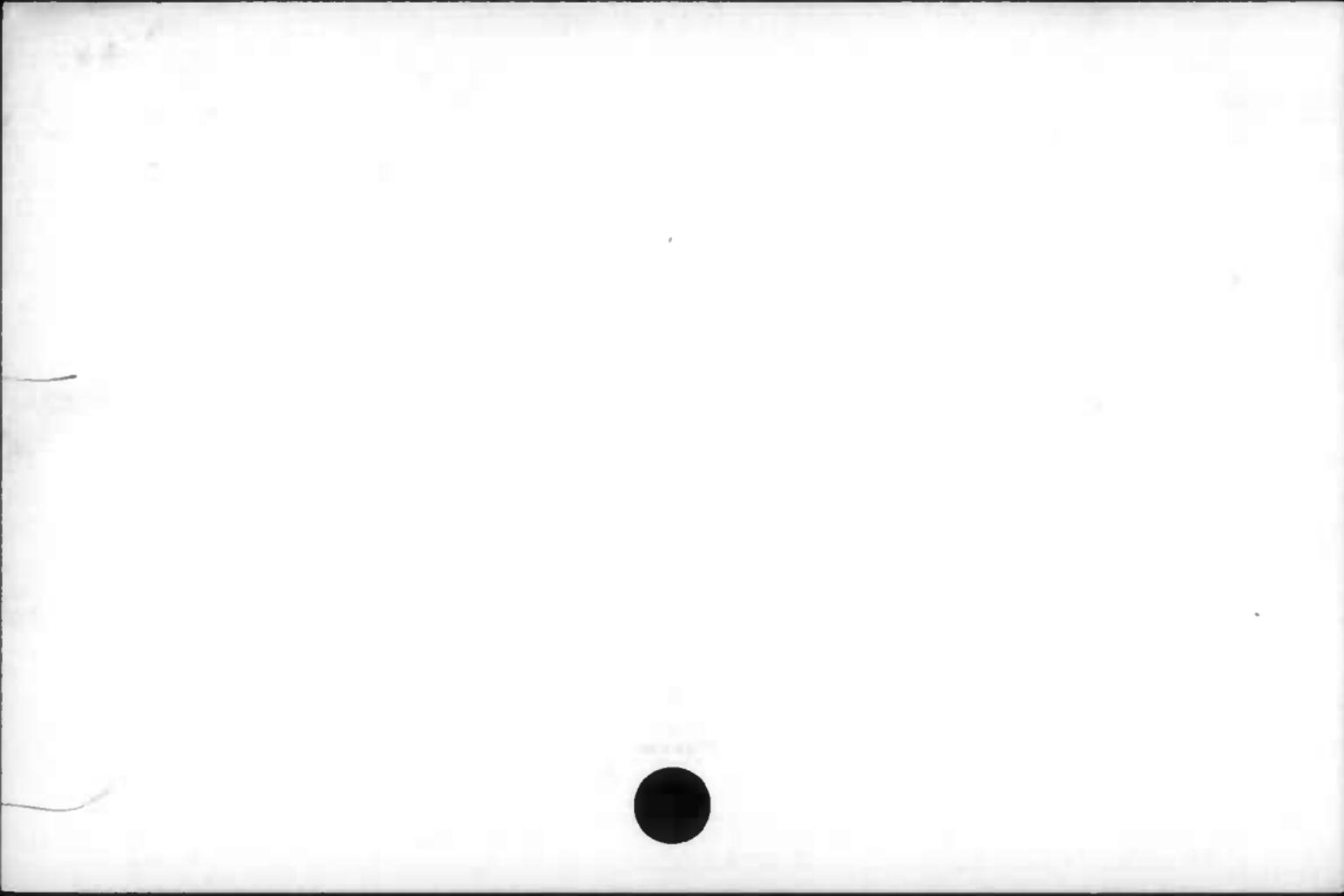
How long

18 hours

How long

Accident or Suicide

Homicidal



Name
in
Full

Annie E Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
near Elkton		Carroll					
Date of death	Month	Day	Years	Months	Days		
1909	Aug	23	Age 70				
Sex	Female	Color or Race	white	Birth-place	Maryland		
Occupation	Houswife	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	J F Rutter				
Father's Name	Daniel Smith					Father's Birthplace	Maryland
Mother's Maiden Name	Charlotte Smith					Mother's Birthplace	Maryland
Name of person giving Information	J F Rutter					How related to deceased	Husband

CAUSES OF DEATH

Primary

Cancer of Bladder

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Howard Brallier
Elkton Md

Accident or Suicide

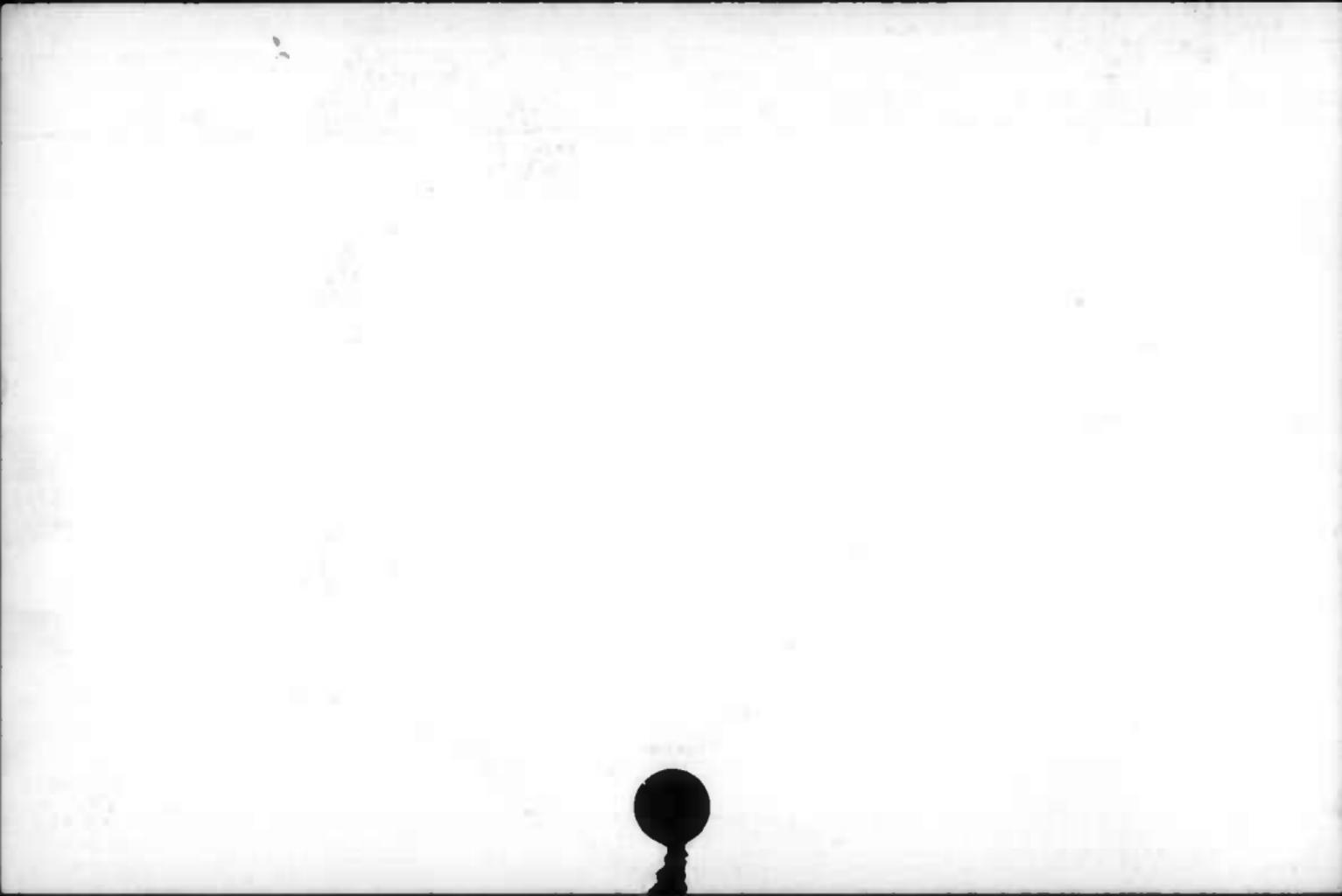
45

How long

10 or 12 months

How long

Several days



Name
in
Full

Pearl Elizabeth Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eck Miles Town Cecil County
Date of death 1909 Month Aug Day 9 Years — Months 8 Days
Sex Female Color or Race white Birth-place Ind
Occupation — Where Residing if not at place of death —

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Spencer Rutter
Rosa Bounds
Daniel Rutter

Ind
"
Grandfather

CAUSES OF DEATH

Primary

Enter - colitis

105

How long

Immediate

Coma

X
1 month

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

yes

C. R. Rutter ind
Cherry Tree
Ind

PHYSICIAN
OR CORONER

948

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born

Scott

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Childs

County

Credit

Date
of death

1909

Month

Aug

Day

1

Years

—

Months

—

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Childs Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Byron Scott

Father's
Birthplace

Cherry Hill Md

Mother's
Maiden Name

Edna Davis

Mother's
Birthplace

Phila Pa

Name of person giving
Information

John Deopineur

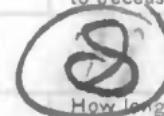
How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Hem



Immediate

How long

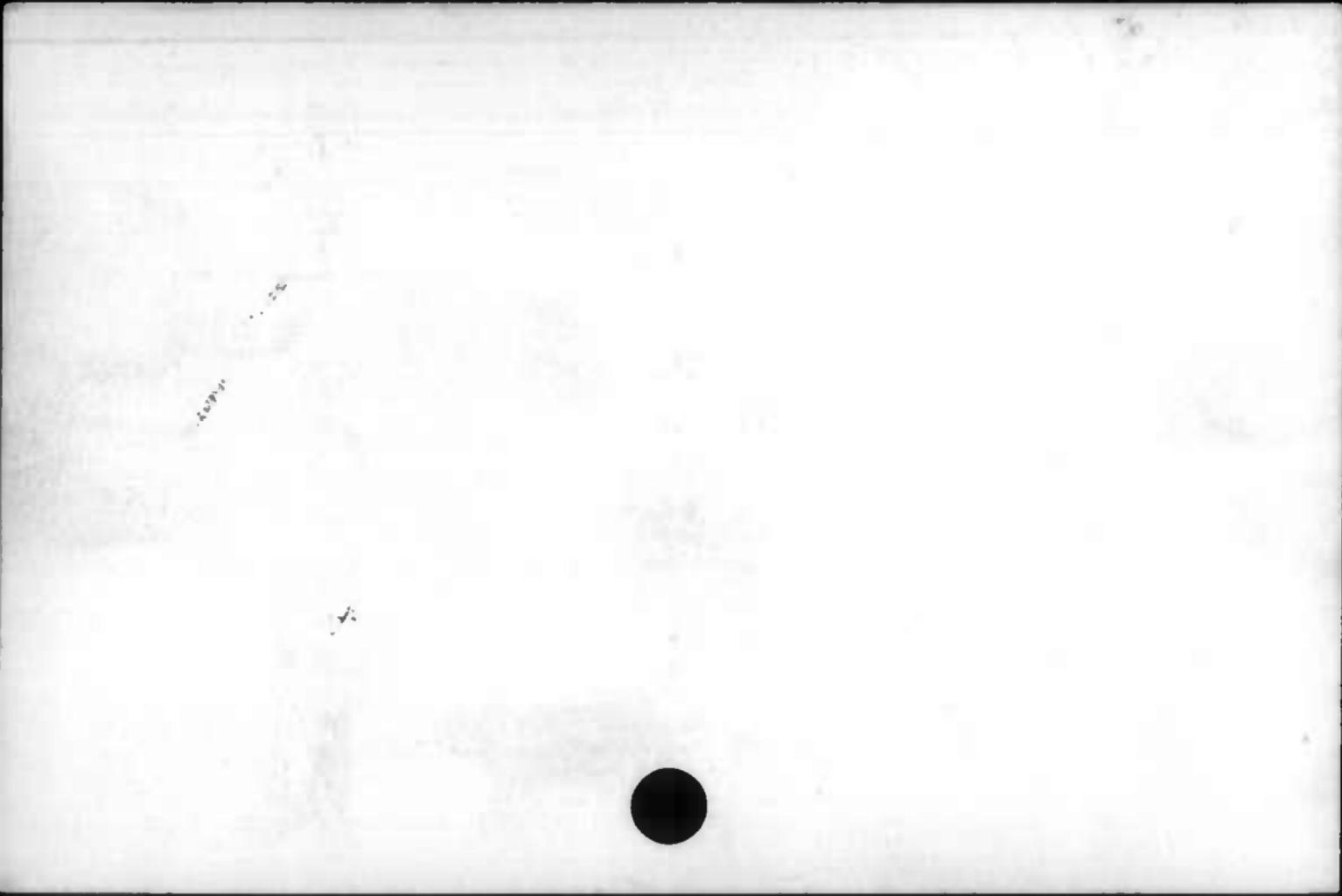
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B. Deopineur
7-9-09

Accident or Suicide



Name
in
Full:

Esther V Shanks

Town

Perryville

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Month

Day

Years

MARYLAND

Date
of death

1909

Aug 22

Age

47

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Unknown

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married to
Name of Wife or
Husband

Sandra Shanks

Father's
Name

David Cunningham

Father's
Birthplace

Unknown

Mother's
Maiden Name

Sarah Jones

Mother's
Birthplace

"

Name of person giving
Information

John Cunningham

How related
to deceased

CAUSES OF DEATH

119

Primary

Uraemic Convulsions

How long

Short time.

Immediate

Progressive Cardiac Asthma

How long

Some time

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. G. Taylor, M. D.

Address

Perryville

Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Anna M Smith
Town: Charlestown County: Cecil
Died at: Month: Day: Year: Month: Day:
Date of death: 1909 Aug 20 Age: 64
Sex: Female Color or Race: White Birthplace: Elk Neck
Occupation: Housewife Where Residing if not
et place of death
Married, Single or Widowed: Married Name of Wife or Husband: James M. Smith
Father's Name: Thomas Synder Father's Birthplace: Elk Neck
Mother's Maiden Name: Martha Garell Mother's Birthplace: Elk Neck
Name of person giving information: Ella Murphy How related to deceased: Sister

Primary

CAUSES OF DEATH

Dropsey & Cancer

42 X

Immediate

Heart disease

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

yes

L. G. Hammick
North East
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary K. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex		Color or Race	Age		Birth-place	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Stewart Smith				
Mother's Maiden Name		Gussie Keay				
Name of person giving information		Gussie Smith				
CAUSES OF DEATH						
Primary	Cholera infantum					
	105 X hours					
Immediate	How long					
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		Geo. W. Peery	
			Address		Perryville Md	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Edgar Raymond Stackhouse
Town Iowa Hill County Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town Month Day Year Month Days
Date of death 1909 8 7 Age 30
Sex Male Color or Race White Birth-place Philadelphia
Occupation Agent (Buying) Where Residing if not at place of death Newark N. J.
Married, Single or Widowed Married Name of Wife or Husband Mary Jarvis Stackhouse
Father's Name as S Stackhouse Father's Birthplace Phila
Mother's Maiden Name Mary Bunnell Mother's Birthplace "
Name of person giving Information Mary Jarvis Stackhouse How related to deceased
Primary Cause of Death
Immediate Cause of Death
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician
Address

PHYSICIAN
OR CORONER

CAUSES OF DEATH

79

X

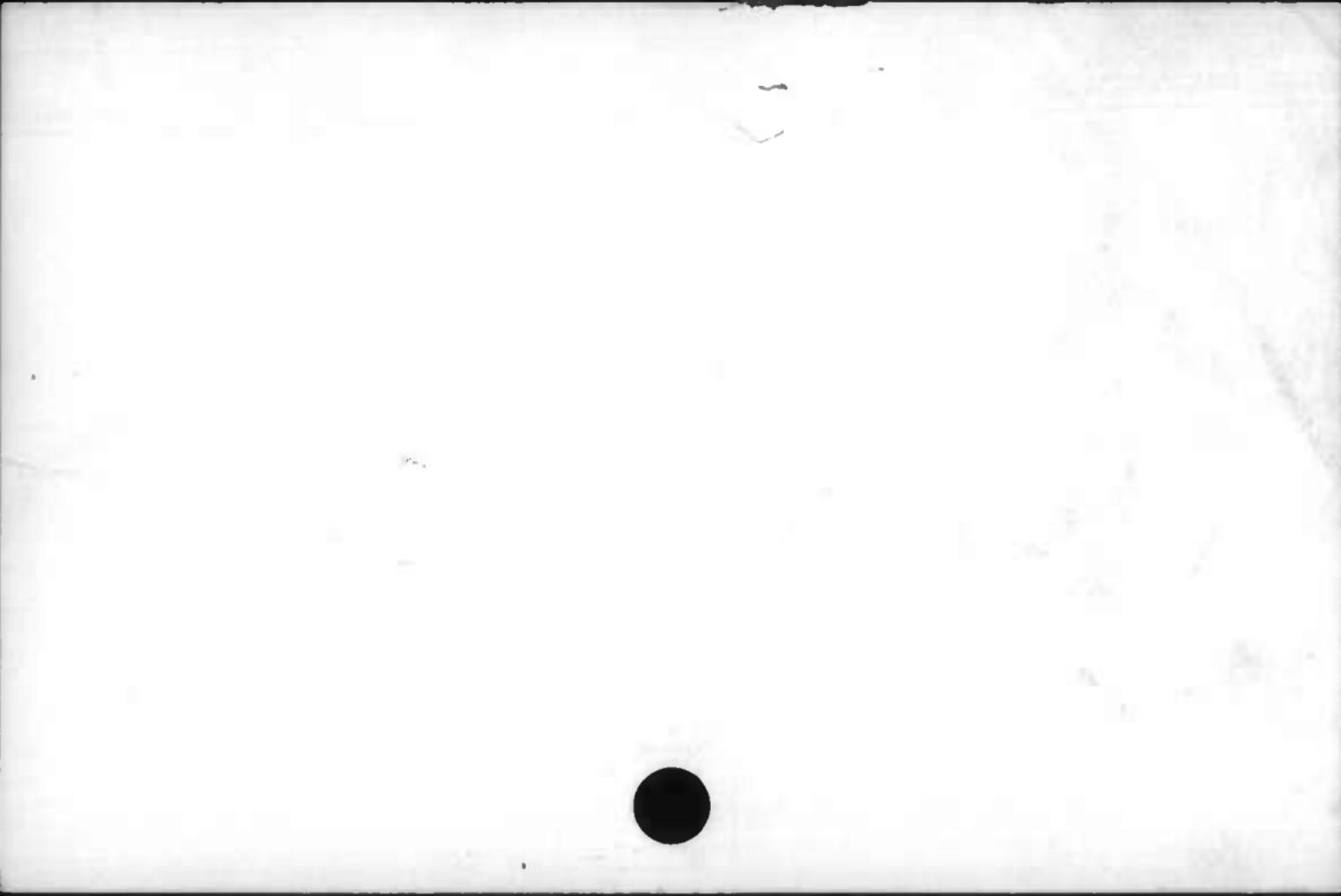
How long

60 days

4 hours.

Accident or Suicide

Frank Frazier Eason
(Coroner) Maryland.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Barrett James Stebbing
Town
County

CERTIFICATE OF DEATH

MARYLAND

Died at Local Stature Local Co.
Month Day Years Months Days

Date of death 1909 Aug 25 Age 84

Sex Female Color or Race White

Birth-
place Liberty Grove

Occupation

Retired

Where Residing if not
at place of death

Married, Single
or Widowed Widowed Name of Wife or
Husband William Stebbing

Father's
Birthplace 2018 Queen
Mother's
Birthplace 6th, Queen
How related
to deceased Spouse

Father's Name John Todd

Mother's Maiden Name Sophia Brown

Name of person giving
Information William H. Todd

CAUSES OF DEATH

Primary

Fall out of bed

164

How long

X

Immediate

Exhaustion

6 weeks

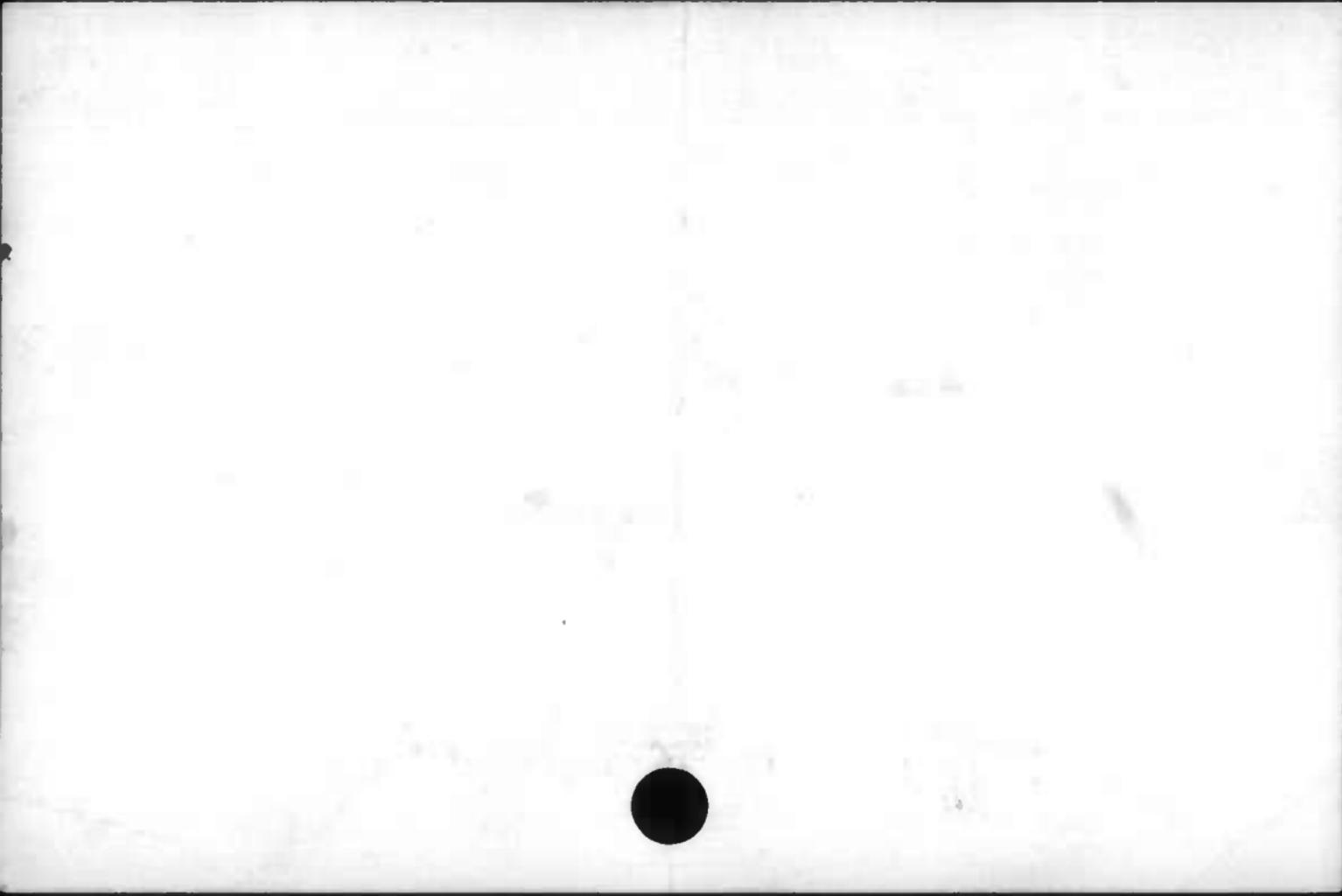
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. D. Clemow
Post Hospital
Long Island

Accident or Suicide



Name
in
Full

Roy Steele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

MARYLAND

Deys

Date

Month

Day

Years

Months

of death 190

9 Aug

27

Age

16

7

Sex

Color or
Race

Male

White

Birth-
place

Chester, Pa.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

Gertrude Steele

Mother's
Birthplace

Cecil Co.

Name of person giving
Information

Char. Kelly

How related
to deceased

None

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis 9 Months

Immediate

Exhaustion

27

X

How long

9 Months

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Winfield J. Morrison
Elkton, Md.

Accident or Suicide

247

Name
in
Full

Elizabeth Bennett Slichts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Died at St. Augustin		Accid				
Date of death	Month	Day	Years	Months	Deys	7
1909	Aug	9th	—	—	—	
Sex	Female	Color or Race	white	Birth-place	St. Augustin MD	
Occupation	Infant	Where Residing if not at place of death			St. Augustin MD	
Married, Single or Widowed	Infant	Name of Wife or Husband	—	Father's Birthplace	Chesapeake City	
Father's Name	William Slichts	Mother's Maiden Name	Fawney Garrison Slichts	Mother's Birthplace	Chesapeake City	
Name of person giving information	—	How related to deceased	—			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Neurol-Indigestion

104

How long

X

fees less

Immediate

exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

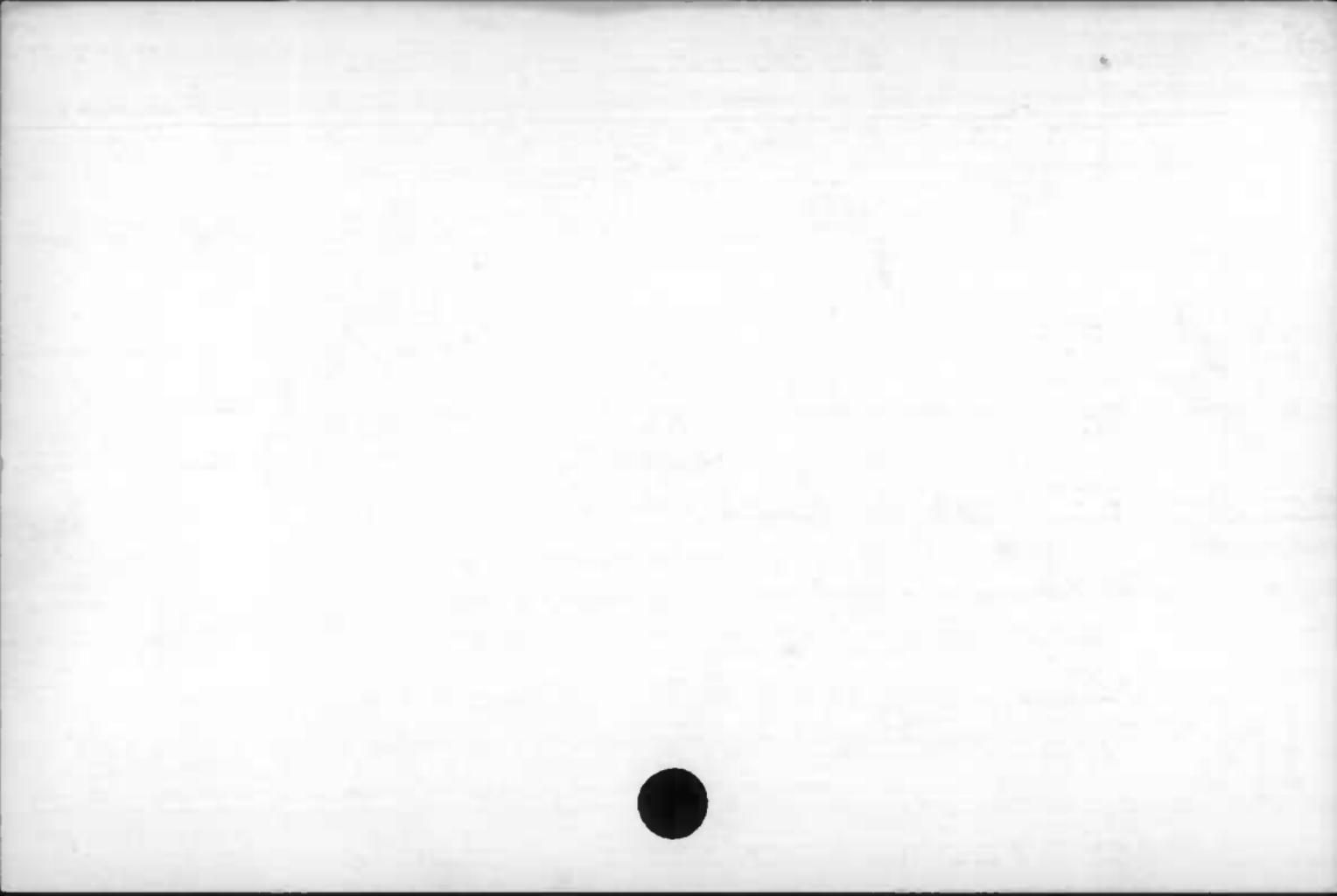
yes

Signature of Physician

Address

J. Jackson Conroy
Chesapeake City
and

Accident or Suicide



Name
in
Full

Frank P. Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Marion

Cecil

MARYLAND

Date

Month

Day

of death 1909

8.

20

Years

Age

39

Month

Day

26

Sex

male

Color or
Race

white

Birth-
place

Cecil County

Occupation

farmer

Where Residing if not
at place of death

on farm near Marion

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Dhos O. Sullivan

Father's
Birthplace

Ireland

Mother's
Maiden Name

Catherine Sheehan

Mother's
Birthplace

Ireland

Name of person giving
Information

Jos. A. Sullivan

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Enteric Fever

1

X

Immediate

Heart Failure

How long

33 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

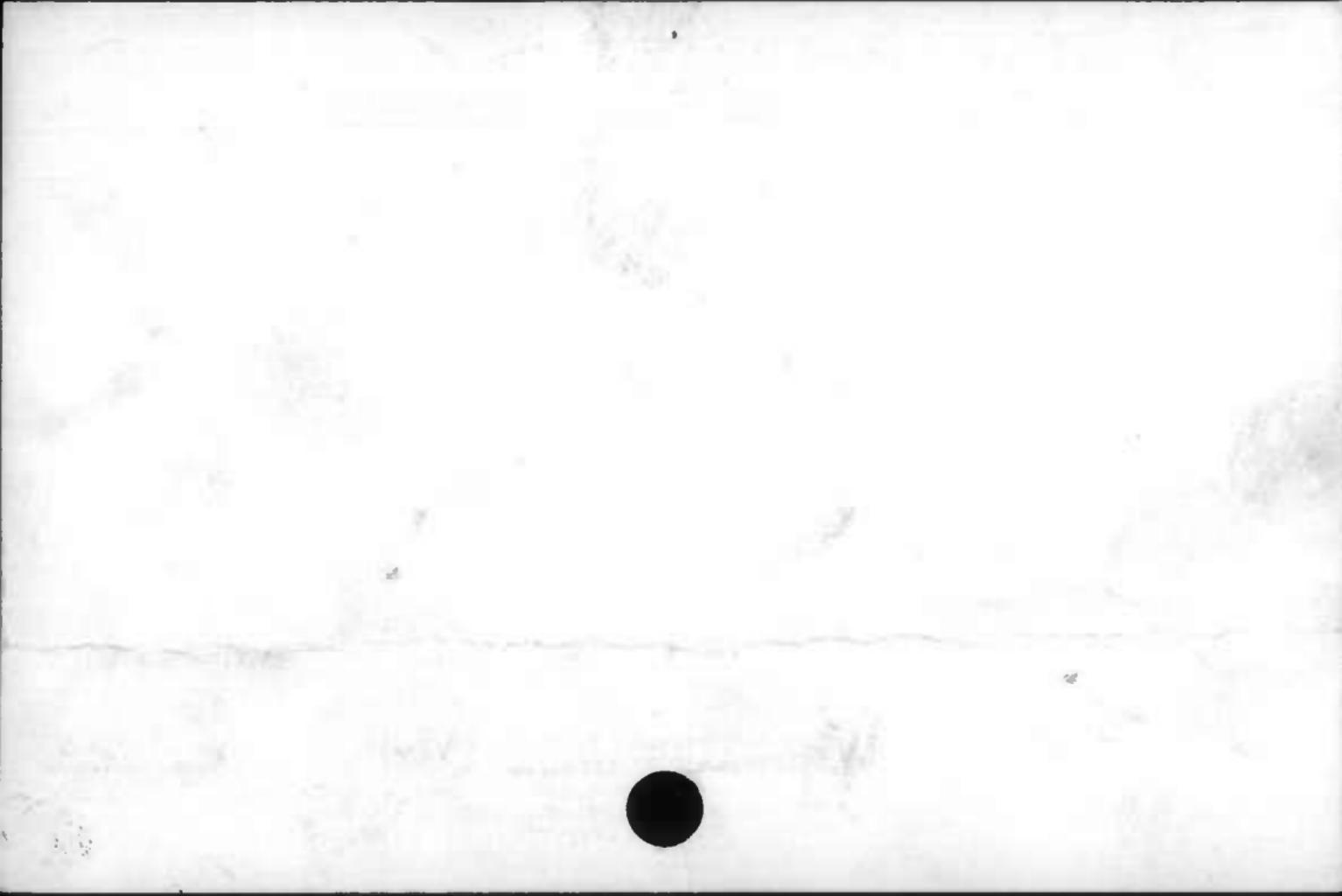
Address

E. N. Crawford

Hamilton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Howard J. Truss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1909		Month 9	Day 11	Years -	Months 2	Days 17	
Sex Male		Color or Race	Age 14		Birth-place Chesapeake Cty.		
Occupation -		Where Residing if not at place of death Warren R. Truss					
Married, Single or Widowed -		Name of Wife or Hubsnd Warren R. Truss		Father's Birthplace Chesapeake Cty.			
Father's Name Warren R. Truss.		Mother's Birthplace " "		Mother's Maiden Name Katie Lohman			
Name of person giving information Warren R. Truss.		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Emphysema

Sharp

Immediate

Exhaustion

Two days

Are the name, age, sex, color, date and place correctly given above?

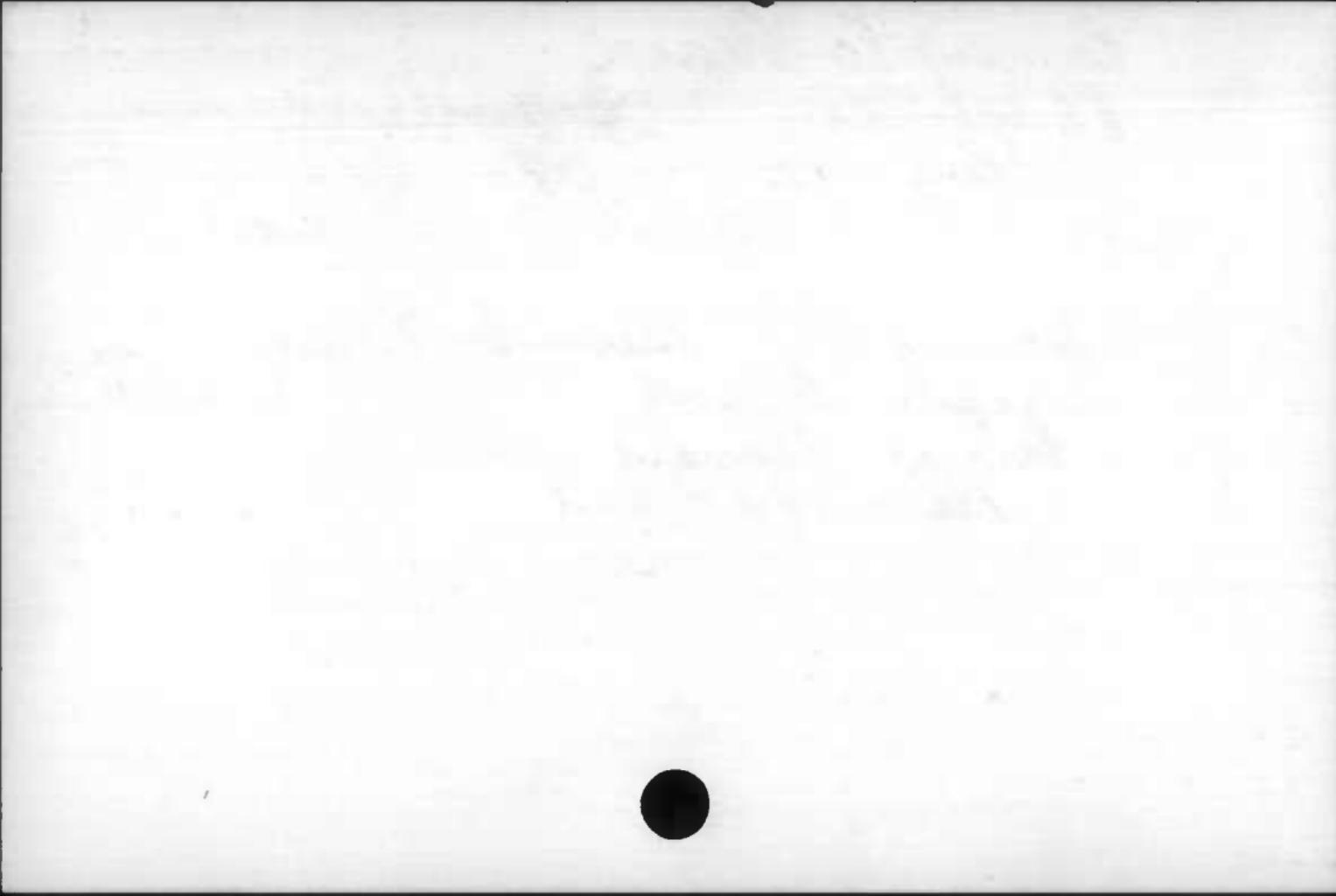
yes

Signature of Physician

Address

59 Conroy
Chesapeake City
Md

Accident or Suicide



Name
in
Full

Emery E Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Perryville

~~Car~~ Cecil

MARYLAND

Date
of death

Month

Day

Years

Months

Days

190

9 Aug 19

Age

39

10

Sex

Male

Color or
Race

White

Birth-
place

Cecil Co

Occupation

Breakman on R.R.

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Bessiekn Ward

Father's
Name

Uriah Ward

Father's
Birthplace

Unknown

Mother's
Maiden Name

Mary Rogers

Mother's
Birthplace

"

Name of person giving
Information

Bessiekn Ward

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Tuberculosis

26

How long

6 months

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

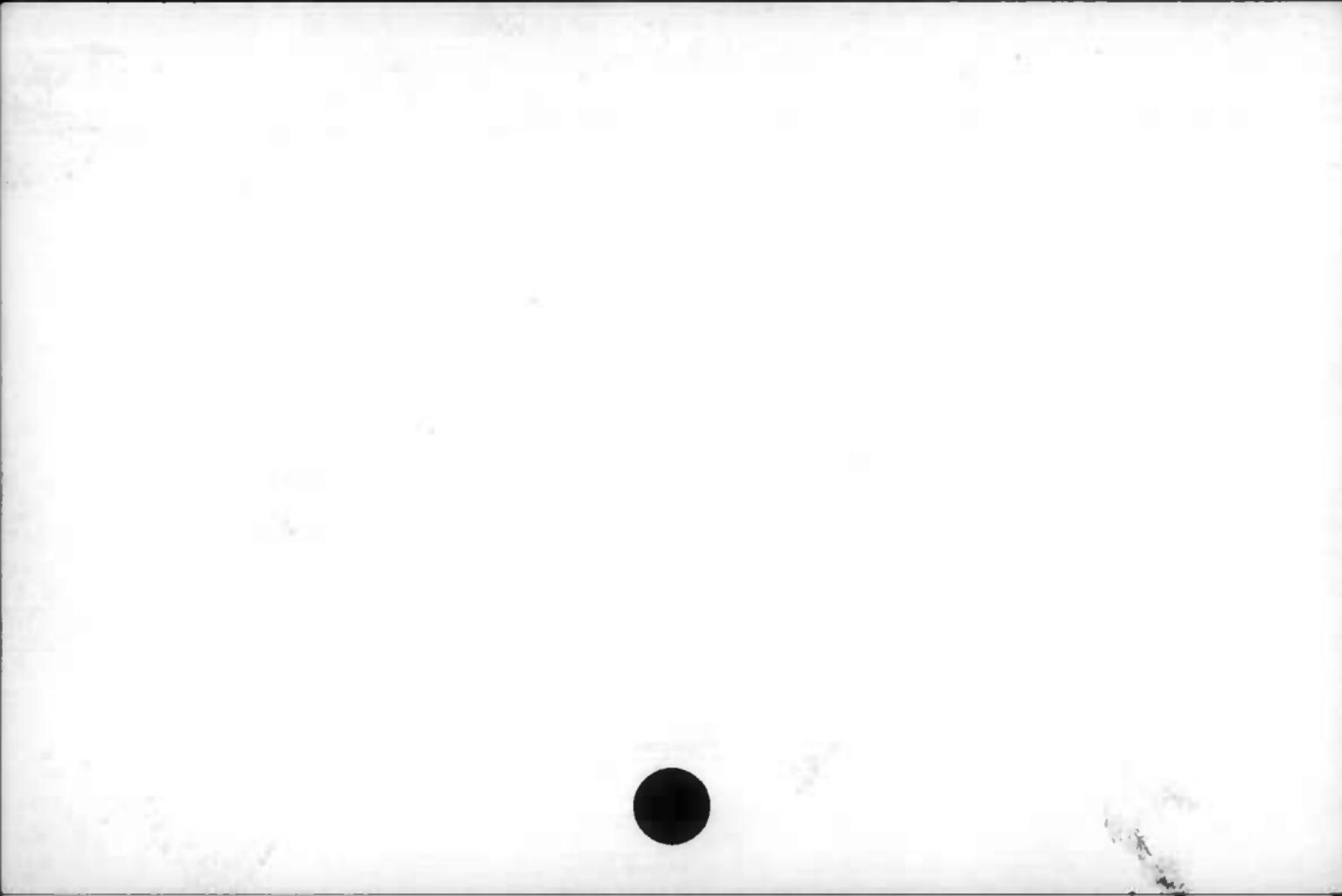
Yes -

Signature of
Physician

Address

Dr. W. Steenck
Perryville

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not named
Town
near Earleville

Died at
Month
Date of death 1909 8 Day 11

Sex Male

Occupation

Color or
Race

Washington
County
Cecil

Years

Age

Black

Where Residing if not
at place of death

CERTIFICATE OF DEATH

MARYLAND

Months Days

1 14

Birth-place
Cecil Co. Md.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mr Washington

Mother's
Maiden Name

Elizabeth Biddle

Name of person giving
Information

Primary

CAUSES OF DEATH

Immediate

Whooping Cough

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

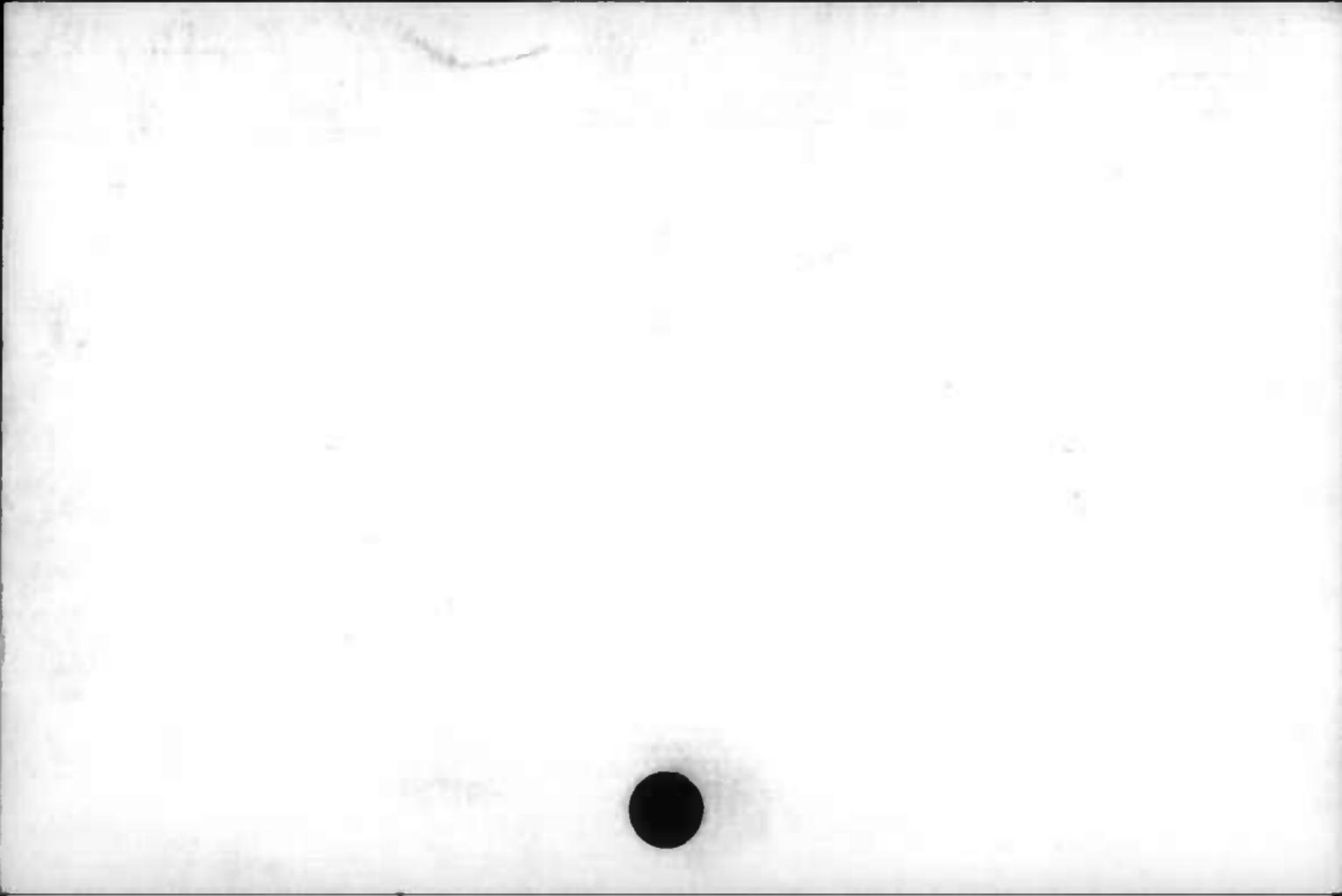
8

How long

X

How long

Two weeks
P.M. Block
Baltimore Md.



Name
in
Full

Folygon W Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Port Deposit		Town	County Cecil	MARYLAND		
Date of death 1909	Month Aug	Day 10	Years 67	Age	Months	Days
Sex Male	Color or Race white	Birth- place Port Deposit				
Occupation not any	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Sarah E Williams	Father's Name Geo P Williams				
Father's Name	Father's Birthplace Delaware					
Mother's Maiden Name Unknown	Mother's Birthplace					
Name of person giving Information Sarah E Williams	How related to deceased Wife					

CAUSES OF DEATH

120

How long

Year

How long

PHYSICIAN
OR CORONER

Primary

Bright's disease

Immediate

Traumatic enceluring

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Dr. W. F. Stump
Perryville Md.

Accident or Suicide?

